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Bib Data Sheet

CONFIRMATION NO. 3353

SERIAL NUMBER 10/709,354	FILING DATE 04/29/2004  RULE	CLASS 324	GROUP ART UNIT 2859	ATTORNEY DOCKET NO. GEMS 0236 PA
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 06/24/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature Initials	STATE OR COUNTRY WI	SHEETS DRAWING 3	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
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ADDRESS  
 27256  
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TITLE  
 PHASE CONTROLLED SURFACE COIL MAGNETIC RESONANCE IMAGING

FILING FEE  RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT. No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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